

**Report of the Governor's Task  
Force on the Loss of SSI Benefits  
for Legal Immigrants in  
Maryland**

**Parris N. Glendening, Governor**

**Paul S. Berger, Chair**

**February 1997**

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ON THE LOSS OF SSI BENEFITS FOR  
LEGAL IMMIGRANTS IN MARYLAND

*Paul S. Berger, Chair<sup>1</sup>*

Introduction

Last year, the United States government declared war on "welfare as we know it." Unfortunately, without prompt and effective action on a number of fronts, this war's casualties are likely to include both legal immigrants residing in the State of Maryland and Maryland's citizens. This report offers a plan of action for reducing such unfortunate consequences.

On August 22, 1996, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Welfare Act") was signed into law, followed on October 1, 1996 by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (the "Immigration Act") (collectively, the "new Acts"). Taken together, these new Acts dramatically alter the public benefits available to legal immigrants from the federal and state governments. Specifically, the new Acts greatly restrict the availability of Supplemental Security Income ("SSI") payments, non-emergency Medicaid, Food Stamps, and family-based public assistance to immigrants residing legally in this country. It is critical to understand who these affected people are - - individuals

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<sup>1</sup> A complete list of the members of the Governor's Task Force is attached hereto as Appendix A.

over the age of 65 and individuals, perhaps with children, who have disabilities. This is a demonstrably needy population. Without the benefit of these forms of assistance, many legal immigrants likely would be unable to live stable, productive lives in Maryland, and would be at great risk of becoming homeless.

These negative results are not a foregone conclusion.

While the new Acts impose severe restrictions on the use of federal funds to benefit immigrants who have not yet become citizens, they leave a great deal of discretion in the hands of individual states. In addition to convening this Task Force, the Governor already has initiated a number of measures, discussed in this report, to ameliorate the plight of legal immigrants who face the loss of federal benefits. The Task Force lauds the Governor for his leadership in moving promptly to address the needs of legal immigrants in Maryland.

The Governor charged this Task Force with studying the ramifications of the Welfare Act and the Immigration Act on legal immigrants who receive SSI in the State of Maryland. The Governor asked the Task Force to identify the individuals and groups most affected by loss of SSI benefits; to ascertain the ill effects which may result from the termination of these benefits; and to consider the impact of this loss on private charities and other service providers, as well as the community at large. Finally, the Task Force was asked to develop recommendations to the Maryland Congressional Delegation and to identify

alternative strategies for ensuring that this population continues to receive the federally-funded benefits it needs.

This report summarizes the Task Force's efforts in light of four general themes:

- o the provisions of the new Acts, especially as applied to the State of Maryland;
- o the negative impact of the potential loss of SSI and other benefits on the State and its residents;
- o the current status of actions taken by the State in response to the new Acts; and
- o recommendations for further action to minimize the negative impact of the new Acts.

The Task Force also solicited comments from the public, with particular emphasis directed at representatives of those populations most affected by the new Acts. A sample of comments revealing the impact the new Acts may have on the lives of individuals in Maryland is attached to this report as Appendix B.

The Task Force recognizes the fundamental contributions immigrants make to the State of Maryland, and the fundamental unfairness of depriving needy legal immigrants of the means to support themselves at even the most basic level of sustenance. Beyond the fairness aspect, the Task Force recognizes that the adverse impact of the new Acts will impose costs not only upon individual immigrants, but upon state and local governments (and their citizens) tasked with establishing a safety net for legal immigrants and their families.

Maryland's legal immigrant population does not stand alone. Rather, as discussed in greater detail below, every citizen of this State has an interest in limiting the negative impact of the new legislation. Consequently, this report's recommendations envision a working partnership between government, private nonprofit organizations, and individual citizens to reduce the costs imposed by the new Acts on society as a whole.

The adversity that will be generated by these ill-conceived laws is not inevitable. Indeed, the new Acts present an opportunity for Maryland to act in the finest tradition of a nation that has a long, proud and unparalleled tradition of welcoming legal immigrants.

I. The Size of the At-Risk Population

The total number of legal immigrants in Maryland at risk of losing SSI and other benefits is approximately 9000.

The number who actually lose their benefits will be substantially less, based on their ability to qualify for one of the various exemptions set forth below.

From this initial group of 9000, Maryland needs first to ascertain who among them can be placed in an exempt category, i.e., will not lose SSI benefits, prior to addressing options for those who cannot qualify for any exemption.

II. Legal Immigrants Who Are Exempt From Loss of SSI Benefits

There are four (4) general groups of legal immigrants who are exempt from prospective loss of SSI benefits:

1. Persons who become naturalized citizens (no

longer aliens).

2. Refugees, asylees and those whose deportation is withheld, but only for 5 years after receiving that status.
3. Veterans, active duty service members and spouses and minor dependent children thereof.<sup>2</sup>
4. 40-Quarter Exemption (those who have worked in the U.S. for 40 qualifying quarters for Social Security purposes, or who otherwise qualify for this exemption).

Maryland's best opportunity to facilitate its residents' retention of SSI benefits, and to avoid the imposition of further costs on the State, will come through encouraging naturalization and documenting the availability of the 40-Quarter ("40-Q") Exemption.

A. Naturalization

The naturalization of legal immigrants in Maryland will be most effectively accomplished through the implementation and funding of an aggressive Citizenship Program. Such a program will both encourage and assist legal immigrants throughout the course of the naturalization process so that these individuals ultimately may enjoy the privileges, responsibilities and benefits that are part of being a citizen of the United States of America.

To that end, the Task Force has developed a model Citizenship Program for those at risk of losing SSI and other benefits. The Task Force strongly encourages the State to adopt this program as a vehicle through which naturalization can be facilitated. The model Citizenship

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<sup>2</sup> Spouses and minor dependent children of deceased service members are not in this category.

Program is appended to this report as Appendix C.

B. The 40-Q Exemption and Other Exemptions

A process can be developed rapidly to assist immigrants in establishing their right to the 40-Q exemption. Implementation of such a program will be most efficient if conducted in tandem with the naturalization work. In establishing eligibility for this exemption, spouses can get spousal credit for each other's qualifying time, and children can also get parental credit while they are minor children. Thus, the 40-Q exemption is valuable not only to those who meet the 40 quarter work requirement, but potentially to their spouses and children as well.

The notices sent to legal immigrants in Maryland as part of the Citizenship Program -- which will inform them of various options to prevent their loss of SSI benefits<sup>3</sup> -- should refer to both naturalization and the 40-Q exemption and other available exemptions. Volunteer workers and Disability Entitlement Advocacy Program ("DEAP") contractors should be trained to help people sort through their and their spouse's employment history to ascertain whether they can meet the 40-Q threshold. Accordingly, volunteers and DEAP contractors must be well versed in the specific type of employment experience which can be counted toward the 40-Q exemption.

As suggested above, the State of Maryland already has in place the DEAP structure, which is designed to assist

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<sup>3</sup> A more comprehensive discussion of the notices is contained in the model Citizenship Program. See Appendix C.



people in applying for SSI and to assist those individuals found ineligible for SSI with appeals or reclassifications.

By agreement with the State, the DEAP contractor will assist legal immigrants who lose SSI benefits with any appeals and reclassifications on the grounds of the 40-Q exemption. Individuals who do not qualify for the 40-Q exemption automatically will be referred to the Maryland Office for New Americans ("MONA") for enrollment in a citizenship program.

By establishing a system in which the naturalization, 40-Q and other exemptions are considered collectively, the State will be able to limit the potential negative impact of the new Acts as well as the administrative expenses incurred in assisting this population.

### III. Legal Immigrants Who Do Not Qualify For A Statutory Exemption, And Thus Will Lose SSI Benefits

Although every effort can be made to see that legal immigrants at risk of losing SSI are channeled into a viable exemption category, there inevitably will remain a substantial number who cannot qualify for any of the foregoing categories. This is the most vulnerable segment of the legal immigrant population.

The State of Maryland has already announced a number of well-informed and compassionate steps to ease the plight of these individuals. The remaining sections of this report will note those policies that Maryland has already announced, and indicate where further action is needed.

### IV. Nutrition Programs And Food Stamps

A. Nutrition Programs

As a matter of law, school breakfasts and lunches must remain available to all who qualify based on need.

The Welfare Act grants states the option to deny other emergency food and child nutrition programs, including Women Infants and Children ("WIC"), to unqualified immigrants. Maryland has announced that it will not exercise this option. The Task Force commends the State for this wise decision. These programs are fully funded with federal dollars, and thus do not impact the State treasury.

Maryland will not deny these benefits to its residents, based on the sound judgment that poor nutrition could significantly increase Medicaid costs in the future.

B. Food Stamps

Maryland also has announced that it will certify<sup>4</sup> all Food Stamp recipients through August 31, 1997. Moreover, State funded Food Stamp benefits will be provided to children under the age of 18 who do not qualify for federally funded benefits. This program will cost the State \$ 2.1 million. The Task Force endorses this policy.

V. State Options On Medicaid, TANF, And Title XX Social Service Programs

Maryland has options to continue this assortment of benefits for legal immigrants who arrived in the country prior to August 22, 1996. Maryland also has options to provide these benefits to legal immigrants who arrive after

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<sup>4</sup> "Certify" means that Maryland will continue to provide federally funded Food Stamps for the indicated period of time.

August 22, 1996, once they have been in the United States for five (5) years. As explained below, Maryland has already decided to exercise most of these options.

A. Medicaid and Other Health Care Programs

1. Maryland Should Continue Full Health Benefits For Legal Immigrants Who Arrived Prior to August 22, 1996 And Those Who Arrive Subsequent to August 22, 1996 After The Expiration Of The Five Year Bar

It is in Maryland's best interest to continue providing non-emergency Medicaid to current qualified immigrants and future immigrants after the initial five year federal bar. The Health Care Financing Administration has confirmed that states must continue to provide Medicaid to qualified legal immigrants unless states take affirmative action to exclude these immigrants from coverage. Maryland has indicated that it will not take such affirmative steps, and that it will provide these benefits under Medicaid (to the extent the federal government reimburses the State for 50% or more of its costs).<sup>5</sup> The Task Force commends the State for this wise choice. This program will cost the State approximately \$ 17 million. Putting aside the obvious humanitarian virtues of this decision, a simple economic analysis compels the same conclusion. Were the State not to

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<sup>5</sup> There is a small part of the population for which a federal match will not be available. These are those individuals permanently residing under color of law ("PRUCOL").

provide services through a Medicaid program to which the federal government contributes, the State's government and hospitals could end up paying for 100% of the costs.

2. Health Care For Those Legal Immigrants  
Who Arrived After August 22, 1996 And  
Thus Are Ineligible for Federal Programs  
During The Initial Five Year Period

As required, emergency medical assistance for this population will be provided by the State. Moreover, Maryland will continue to provide medical assistance for those post-August 22, 1996 arriving legal immigrants who remain eligible for federal matching dollars, e.g., refugees, asylees and individuals granted withholding of deportation. The Task Force endorses the State's policy for post-August 22, 1996 arrivals as far as it goes.

At a minimum, the funds that were dedicated to the State's share of its Medicaid program prior to the enactment of the new Acts (which covered immigrant care) should be used to establish State-funded healthcare programs for immigrants who are ineligible for Medicaid pursuant to the new Acts. This should go beyond emergency medical assistance which the State is otherwise obligated to provide. Once again, not only is this a virtuous decision, but it is also one that is eminently defensible on economic grounds. Failure to provide basic preventive medical treatment will inevitably result in more people becoming seriously ill, thus placing the State in a position of having to provide emergency medical care, as required by law, which is a far more expensive alternative. The

benefits of the former option are evident.

Two subsets of those legal immigrants arriving after August 22, 1996, merit individual mention -- those in need of prenatal care<sup>6</sup> and children.

As to those in need of prenatal care, Maryland has indicated that it will provide these services even if the expectant mother is a legal immigrant ineligible for Medicaid. This program will cost the State approximately \$ 500,000. Surely it makes economic sense to pay for prenatal care and delivery, rather than to risk the birth of unhealthy babies which will require far greater entitlement expenditures after birth. The Task Force endorses this decision.

In terms of children, significantly, Maryland has also exercised sound judgment in agreeing to provide medical services to all children under the age of 18, irrespective of their parents' categorical eligibility for Medicaid. This program will cost the State approximately \$ 500,000.

#### B. Temporary Assistance for Needy Families

Most immigrants who enter the United States after August 22, 1996 are barred from these benefits<sup>7</sup> for their

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<sup>6</sup> The provision of prenatal care is of equal import to those legal immigrants classified as "unqualified." See / VI.

<sup>7</sup> TANF block grant amounts were determined based on federal funding for years that included funding for immigrants. The federal grant should, therefore, be sufficient to continue covering the current eligible immigrant population. Maryland's TANF block grant for each of the next 5 fiscal years is \$229 million. Unfortunately, the State may not use these funds for unqualified legal immigrants because it is a federal

first five (5) years in the United States. Maryland has the option to provide TANF funded assistance to current qualified immigrants, i.e., pre-August 22, 1996 arrivals, and to future immigrants after the initial five year federal bar. Maryland has indicated that it will exercise both options. The Task Force applauds this decision.

Further, Maryland has indicated that it will provide immediate State-funded assistance to children who are legal immigrants who enter the United States after August 22, 1996. This program will cost the State approximately \$ 3 million. As a practical matter, it is not feasible to discriminate between children and their parents with respect to the distribution of TANF funds, and to that end Maryland has concluded that if the child is eligible the parents too shall receive the benefits pursuant to the Family Investment Program<sup>8</sup>. The Task Force congratulates the State on this judicious policy.

C. Title XX Social Services  
Block Grant Programs

The Welfare Act allows States to determine the eligibility of qualified immigrants for social services under the Title XX block grant. These programs include in-home care for people with disabilities, programs for abused and neglected children, vulnerable adults, and the elderly.

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appropriation and thus subject to federal rules.

<sup>8</sup> The Family Investment Program is a vehicle through which Maryland is expending its TANF block grant funds. Maryland will also continue to cover child care expenses through its federal child care block grant.

Maryland wisely has indicated that it will continue providing these services for those not barred.

VI. Access To Services For "Unqualified" Immigrants

The definition of "unqualified" immigrants includes immigrants and non-immigrants who are in the country with legal permission from the Immigration and Naturalization Service, such as those granted temporary protective status or family unity, as well as applicants for asylum or adjustment of status.

Unqualified immigrants are ineligible for "Federal Public Benefits." However, unqualified immigrants remain eligible for emergency Medicaid, disaster relief, school, lunch and breakfast, public health assistance for immunizations and the treatment of symptoms of communicable diseases and community-based programs designated by the United States Attorney General as necessary to protect life or safety. The State should monitor the status of the Attorney General's designation of this latter category and employ the State's advocacy resources to try to persuade the Attorney General to adopt a more comprehensive designation.

Congress also has declared unqualified immigrants ineligible for state and local public benefits if such state and local public benefits have definitions and exemptions that are parallel to the federal language. Maryland law does not contain this language and the State has signaled no intention to enact such laws.

VII. Maryland's Gap-Filling Role

Notwithstanding efforts to channel as many people as

possible into one of the exempt categories discussed earlier in this report, or Maryland's demonstrated willingness to exercise various options afforded to the State under federal law, there will be needy legal immigrants who fall through the cracks, i.e., they will lose their benefits entirely. Even if certain benefits are retained, e.g., Medicaid, loss of SSI and Food Stamp benefits will have both direct and indirect consequences on the needy population and on State resources. For example, individuals previously able to maintain themselves in private housing, including subsidized housing, may no longer be able to do so. In this regard, it should be remembered that there is no general assistance program, as such, in Maryland.

Maryland may wish to consider a number of options to provide some assistance to those who are otherwise without support. One such option is the modification of existing public assistance programs by adding individuals who lose SSI benefits for reasons other than having too high an income as a new eligibility category. The virtue of such a modification is that it builds on an already existing social services infrastructure, and thus avoids many of the administrative costs and difficulties associated with the formation of an entirely new program. A second, albeit related, option for Maryland is to increase State funded housing subsidies for those who lose SSI benefits, a large part of which often are used to pay for housing expenses. Preliminary estimates of the cost of these options are not currently available.



These options are not mutually exclusive, nor is it an exhaustive list. Funding for these programs might be found in existing social services funds or in funds saved from the implementation of the Welfare Act as a result of case load reduction. Funds for immigrants with children might come from that amount which was previously spent on Maryland's share of AFDC for this population. Subject to modification of federal law these expenditures might count toward Maryland's "maintenance of effort" obligation, *i.e.*, the amount the State must spend to obtain the TANF block grant.

The Task Force recommends that Maryland revise existing programs to fill the void created by the loss of SSI and other benefits for legal immigrants.<sup>9</sup>

Maryland may wish to consider funding a study to monitor the development of, and compile data on the impact on legal immigrants of losing SSI and other benefits.

#### VIII. Recommended Action to Maryland's United States Congressional Delegation

The Task Force recognizes that most of what can be done to ease the plight of those legal immigrants at risk of losing SSI and associated benefits requires federal action.

For instance, federal action is necessary to enable certain elderly individuals and individuals with disabilities to

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<sup>9</sup> The Task Force anticipates that opponents of immigration might argue that Maryland will establish itself as a destination for legal immigrants seeking benefits if Maryland chooses to provide benefits to this population beyond those offered in neighboring jurisdictions. There is no conclusive evidence that individuals move from state to state for a higher level of benefits.

satisfy current requirements for citizenship. To that end, the Task Force recommends that the Maryland Congressional delegation support the following measures:

- o Urge the President to include \$13-15 billion in his FY 1998 budget, targeted toward ameliorating some of the provisions which impact legal immigrants in the new Acts. Particular focus should be on:
  - 1. Exemptions from all bars for those who become disabled after entry;
  - 2. Extension of the 5-year exemption for refugees and asylees for an additional two (2) years; and,
  - 3. Exemption from the Medicaid bar for children.
- o Support legislation that eliminates all bars to receiving SSI and other benefits for elderly legal immigrants age 75 and older.
- o Support legislation that eliminates all bars and "deeming" for Medicaid.
- o Support legislation which would allow the Secretary of Agriculture to extend waivers of Food Stamp limitations based on economic conditions to cover legal immigrants.
- o Urge the Administration to adopt significant accommodations in the naturalization process for elderly persons and persons with disabilities, specifically including the affirmation of the Oath of Allegiance for those with cognitive disabilities.
- o In coordination with the proposed Citizenship Program, support legislation that changes the law so that immigrants be permitted to retain SSI benefits while their citizenship applications are pending.
- o Support legislation to expand the definition of work and "approved job program" to include the Office of Refugee Resettlement ("ORR") and other programs for refugees, such as English as a Second language ("ESL") classes. This legislation would provide some relief to able-bodied 18-50 year olds, not supporting minor children, who are receiving Food Stamps and provide relief to families with children by counting these

activities as work activities under TANF.

- o Attempt to persuade the United States Attorney General to adopt a more comprehensive designation of federal public benefits necessary to protect life or safety.
- o Support the Clinton Administration's proposed technical corrections to the new Acts including a provision to include state provided benefits to lawfully-present aliens as a qualified state expenditure for purposes of calculating maintenance of effort.

In advocating the foregoing proposals, Maryland's Congressional delegation will not only be serving the needs of the legal immigrant population in the State, but they will also ease the burden on the State government in terms of the demands it will face in filling the void left by the loss of SSI and other federally funded benefits.

#### Conclusion

It is quite clear that the combined forces of the Welfare Act and the Immigration Act produced a harsh legislative framework as it relates to legal immigrants. The new Acts' treatment of legal immigrants is not justified by any legitimately articulated policy goal. That said, these Acts also have presented Maryland with an historic opportunity. By electing not to abandon some of the most vulnerable segments of its population, Maryland has not only made a wise economic decision, but also has demonstrated that, at least in our State, compassion in government remains a cherished American virtue.

Failure to provide basic sustenance to these at-risk residents of Maryland would have severe consequences. The

severity of these consequences is evident in looking at three illustrations: housing, soup kitchens and sponsors and relatives.

First, the loss of SSI is likely to result in a loss of housing both to legal immigrants living in subsidized housing and to those able to live independently. For those in subsidized housing, the loss of SSI means the loss of their ability to pay the requisite percentage of income towards housing costs. Thus, either categorically or as a practical matter, these folks are at risk of losing their eligibility for subsidized housing. If that occurs, homeless shelters may provide the only viable recourse. The same can be said of those living independently. In the absence of SSI, their ability to pay for rent and utilities will be severely challenged. Lastly, the frailty and age of much of this population will complicate any efforts to seek shelter due to difficulties with mobility.

Second, the loss of Food Stamps for this population, coupled with the absence of that portion of SSI which is used for food purchases, would render many legal immigrants unable to meet minimal nutritional needs. Accordingly, this population would be forced to turn to soup kitchens, heavily taxing an already strained component of the social service network in Maryland. Further, in light of the demographics of this population, i.e., age and illness, many have special dietary needs that soup kitchens are ill equipped to serve.

Third, those legal immigrants losing SSI who arrived in the United States as refugees fleeing persecution, may

have no relatives or sponsors to whom they can turn for help. Of those who did have sponsors, many of the sponsors may have been elderly at the time of immigration and thus are no longer alive to provide such support today. Of course, those who have families to look to for support should be encouraged to do so. This is a family's obligation. Notwithstanding this duty, many families with the best of intentions simply lack the means to provide the needed support, and thus the legal immigrants losing benefits will be forced to rely on Maryland's social service network.

The foregoing illustrations provide just a few examples of the severe consequences of the loss of SSI and related benefits to Maryland's legal immigrant population. There will undoubtedly be many other costs which are impossible to quantify at this juncture. For instance, many in this population rely on SSI to pay for prescription medications and other health care needs. That said, we need not wait to see all of the adverse results before acting to ameliorate the impact of the new Acts.

The Task Force congratulates and thanks the State for the policies it has already announced which aim to assist legal immigrants in Maryland. It is our hope that the recommendations of this report will be embraced and that Maryland will continue to set an example which the other states in the union can look to for leadership and guidance in this vital area of social service.

# **Appendix A**

Task Force Members

GOVERNOR'S TASK FORCE ON THE LOSS OF  
SSI BENEFITS FOR LEGAL IMMIGRANTS

MEMBERS

Paul S. Berger, Esq., Chair

The Honorable Joan Cadden, Maryland House of Delegates

Mr. Shu-Ping Chan, Director, Office of Asian and  
Pacific American Affairs, State of Maryland

The Honorable Ulysses Currie, Senate of Maryland

Ms. Ginny Gong, Montgomery County Public Schools

Ms. Patricia Hatch, Director of Advocacy and Community  
Education, Foreign-Born Information and Referral  
Network

Rev. Brian Jordan, Immigration and Naturalization  
Service

Lauren B. Kallins, Esq., Director of Government  
Relations, Baltimore Jewish Council

Mr. Michael Lachance, Planning Specialist, Office on  
Aging, State of Maryland

The Honorable Martin G. Madden, Senate of Maryland

Ms. Cristine Boswell-Marchand, Executive Director,  
The ARC of Maryland

Mr. Luis Ortega, Executive Director, Governor's  
Commission on Hispanic Affairs, State of  
Maryland

George E. Ramsey, Esq., Immigration Legal Services,  
Catholic Charities

Ms. Celia Rivas, Spanish Catholic Center

Mr. Andrew Stern, Vice Chair, Community Resettlement  
Committee, UJA Federation of Greater Washington

# **Appendix B**

## **Public Comments**



January 25, 1997

Paul S. Berger, Chair  
Governor's Task Force on Loss of SSI Benefits  
for Legal Immigrants  
c/o Maryland Office for New Americans  
331 West Saratoga Street  
Baltimore, Maryland 21201

According to the latest reports Governor Parris Glendening appointed a Task Force to study the implications of the federal legislation for legal immigrants living in Maryland.

I, \_\_\_\_\_, a legal immigrant would like to share my thoughts on this issue with the members of the Task Force.

My wife and I came to USA from Kiev, Ukraine in 1990 . We are very grateful to American Government for giving us a warm welcome and provisions as: SSI, Food Stamps and Medicaid.

I am 73 years old and suffering from Coronary heart disease with hypertension, Degenerative joint diseases, Glaucoma, Cataract of the eyes and Frequent memory loss. My age and all these health problems interfere with my learning English. Since we came to this country I tried many times to advance in my English studies, but made no progress. Now I face even a bigger problem in the urgent need to take an English test for American Citizen Ship.

My inability to pass this test and become an American Citizen will result in losing all my income (SSI benefits), and also medical / prescription benefits, ability to pay rent and utilities, another word, without basic necessities I won't be able to go on!

There are so many others like me - elderly and helpless immigrants, who's lives depend on those basic necessities, and it is hard to imagine what can happen to all of us with the Federal Welfare Reform?!

With respect and gratitude,  
Sincerely

Gaithersburg, Maryland

P.S. I am grateful to a friend who volunteered to translate this letter from Russian to English.

Dear governor of Maryland.

My name is \_\_\_\_\_, resident of Maryland. I live at  
Gaithersburg MD,

I have lived in the US for almost 5 years. I am 80 years old now(4/20/1916). Before March 1992 I lived in Ukraine, former USSR, where I experienced many difficulties.

From 1941 to 1945 I have fought in World War II against fascist Germany. At the end of the war I was severely wounded, got a concussion and became disabled.

I had my left leg amputated, and right leg was injured. I went through 3 operations on the right leg. I am totally blind on the right eye, and can't see well with the left. Now my health is very poor. I have memory problems, can't remember places, dates, words, can't study English.

I wish to become a citizen of the USA, but due to my health problems I am not able to prepare for the citizenship test.

I ask you to protect my rights and help me in keeping the benefits that the US government gave me: SSI, Medicaid. Otherwise I will not have any way to survive, no way to pay the doctor, to buy medicine, I will loose such a basic necessities as food and shelter because I don't have any income other than SSI.

I hope you will consider my circumstances and help me in my situation, I hope on your understanding and sympathy.

Sincerely

Paul S. Berger, Chair  
Governor's Task Force on Loss of SSI Benefits  
for Legal Immigrants  
311 West Saratoga Street  
Baltimore, Maryland 21201

January 27, 1997

Dear Mr. Berger:

It was with great appreciation that I received your letter about the newly formed Task Force on Loss of SSI Benefits for Legal Immigrants. It is a timely and necessary initiative which, I hope, will objectively evaluate the devastating impact of a new welfare reform on our families and determine the measures necessary to continue providing much needed services. I, on my part, am happy to contribute to this process by providing information about the impact of the new regulations on my family.

My family, including my mother, \_\_\_\_\_, who was 86 years old then, and I arrived in the United States in November 1990 as refugees from the former Soviet Union. Shortly afterwards, my mother and I applied for a subsidized housing. We were eligible for it since we were a low-income family, my mother was elderly, and due to her physical condition she could not live by herself. We moved in our subsidized apartment in Germantown in November 1992, and we have been living there since. We pay the rent as a percentage of our individual incomes, my mother's being Supplemental Security Income. The rest of the money my mother uses for buying her food, medicine, household items and occasional transportation. Her SSI income does not cover all of her expenses, especially since she stopped getting her food stamps in October 1996, and I partially participate in paying for them. Although I consider taking care of my mother my responsibility, I would like to emphasize that financially supporting her has been possible for me only because the major expenses, such as rent and medical insurance, have been subsidized.

The major impact of the new regulation on my family unquestionably will be the ineligibility for Medicaid. My mother, who turns 93 years old in February, requires regular medical attention. She has persistent ear infection and she has lost most of her hearing, her vision is very poor, and both of these processes require close monitoring. Last year she was subjected to extensive heart tests due to her heart arrhythmia. She undergoes regular check-ups, and she takes a number of medicines for her condition. All this, of course, is covered by Medicaid. What would be the premium in a private health insurance for a 93-years old person?

The requirement of becoming an American citizen to qualify for a federal assistance does not make it any easier for most of the elderly immigrants. My mother applied for the citizenship as soon as she became eligible for it last year. It was important for her not only from economical, but also from a moral point of view. She came to the United States as a refugee, but she wanted to

die here as a citizen. She passed a history test and an interview, but she failed a written test. She wrote "it is hat" instead of "it is hot". Immigration and Naturalization officer decided that for a 92-years old woman who came in the country without any knowledge of English language and with almost complete hearing loss, her results were not satisfactory. We are fighting this decision, but the outcome is still unclear.

As an American citizen and as a human being, I can not accept the situation where poor, disabled, and helpless people are denied basic necessities by the government. The United States pledged support to these people when they came to this country, and to deny them this support now is not only anti-humane, it is unfair. I hope that the state governments will exercise their power so that the justice is done.

If I can provide any additional information or be of any other help, please, do not hesitate to contact me.

Thank you for the opportunity to share this information with you .

Sincerely,

Silver Spring, MD

January, 24, 1997

Paul S. Berger, Chair  
Governor's Task Force  
on Loss of SSI Benefits  
for Legal Immigrants  
c/o Maryland Office for New Americans  
311 West Saratoga Street  
Baltimore, Maryland 21201

Dear Mr. Berger:

I'd like tell you about my father. He is now 79 years old. I am very proud of him. All the years during World War II he was in the Active Army. He went into War in 1939 in Finland and finished in the 1946 in Japan. He worked hard all his life.

We arrived in America as refugees in the beginning of 1991 with very small possessions and very little money. We left everything we had in still communist Soviet Union.

From very first days my parents started attending free English classes. My parents started preparation for citizenship one year before date. My father, who started learning English only here wrote whole notebooks, exercising in answering citizenship questions.

In the day of exam in the Immigration and Naturalization Office he got heartache. After taking nitroglycerin he started had headache too. He was so nervous on the exam, that when the officer asked him the names of his grandchildren, he forgot them. He didn't pass exam with the notice "Not enough English skills". One week after exam he still had heartache and increased blood pressure. Now he continues studying for citizenship exam, but we afraid for him to take another chance, because it can have bad influence on his health.

I believe that the Bill has already been a bad impact on the health of many elderly people, because of fair lose basic necessities such as food, shelter and medicine. Many of them survived the horrors of Holocaust, Nazi, Soviet regimes, and all kinds of repression. Finally they found their last resort in this great and free country..

I am asking make an exception for these people and let them receive assistance in the future, after the Bill is active.

Sincerely, yours

Citizen of the United States



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January 10, 1997

Mr. Paul S. Berger, Chair  
Governor's Task Force on Loss of SSI Benefits for Legal Immigrants  
c/o Maryland Office for New Americans  
311 West Saratoga Street  
Baltimore, MD 21201

To the Commission:

This letter is in response to your request for comments on the issue of the effects of recent welfare reform on legal immigrants. WMDO 1540 am / Radio Mundo and WMDO-TV48 / Univision, for which I serve as the General Manager, provide public service to the DC area's Hispanic community through information and entertainment programs. Much of our audience is composed of recent and legal immigrants.

At the core of the general argument against such cuts is the time honored American tradition of caring for its recent arrivals and the less fortunate. The betrayal of this ideal and of the implied and stated promises and positions formerly taken in regards to these programs, undermines the principles of this country among the people most likely to project impressions outside the national boundaries, damaging our international image along with the population's trust in government and its institutions. We may as well begin to dismantle the statue of liberty.

In terms of health and Medicaid, it is just common sense to assume that the elimination of social services to legal immigrants funded with state and federal programs may bring serious consequences. The general public's state of health could be seriously affected by epidemics and contagious diseases caused by misguided penny-pinching toward a specific segment of the population. Many of those left without the preventive care to which they may now be entitled will most certainly make more frequent use of emergency rooms and other health services at greater cost. The elimination of programs such as Food Stamps for legal immigrants will contribute to worsening the already precarious health of many immigrants, most likely the most vulnerable senior citizens and children, leading to the same result.

Economically, the continuation of these programs for legal immigrants should not greatly strain the resources of the state since proportionately it represents a minimal percentage. Foremost, it should be the responsibility of the state to provide for its most disadvantaged and this sector represents a group that has met more adversity than most. I am convinced most are probably in the situation of recurring to the state only involuntarily and after meeting insurmountable adversity since most immigrants come to this country with great personal pride and the intention of working hard to attain the American dream. The obstacles already confronted by most immigrants include adapting to a new language, customs, laws, currency, and many of the institutions and procedures that many of us take for granted.

Thank you for giving me the opportunity to express my opinion and please call me if I can be of any further assistance.

Sincerely,

Rudy Guernica  
General Manager



ព្រះពុទ្ធសាសនាមណ្ឌល, នី.ឡ.

The Cambodian Buddhist Society, Inc.

13800 New Hampshire Avenue, Silver Spring, MD 20904

Tel: (301) 622-6544-5

January 8, 1997

Mr. Paul S. Berger, Chair  
Governor's Task Force on Loss of  
SSI Benefits for Legal Immigrants  
c/o Maryland Office for New Americans  
311 est Saratoga Street  
Baltimore, MD 21201

Dear Mr. Burger:

As Vice President of the Board of Directors of the Cambodian Buddhist Society, Inc., I worked closely with Cambodian elderly immigrants who come and worship at the Cambodian Buddhist Temple. I would like to inform you that the cut of SSI benefits from legal immigrants will cause a devastating effect on them and their families.

The news on the cut-off slowly reached Cambodian immigrants because they do not speak English and they do not read newspapers nor listen to American radios. The news usually reached them by words of mouth. When they were asked about the news on the cut-off, they said "unbelievable," "scary," "hopeless." Some immigrants refused to believe the news because, as they said, America is kind to bring them to this country and America will take care of them.

I feel the cut-off of SSI to elderly immigrants is not fair. Most of Cambodian immigrants have been in the United States for 10 years or more. They came to this country in consideration of the legislation valid at the time. If changes are needed to the legislation, they should affect only the later immigrants after the date of the law being signed. The recent legislation to cut off SSI to elderly immigrants affect their livelihood.

Immigrants are divided into three categories: immigrants with well-off working children, immigrants with poor adult children, and immigrants with no relatives. Even with hardship, well-off children can take care of their elderly parents. With poor children, the parents without SSI benefits will become their dependents; due to insufficient income, the children will resort to the welfare system. For independent immigrants with no close relatives, they do not know what to do and what to expect; they do not expect to find a job, and they cannot turn to the welfare program. They are hopeless.

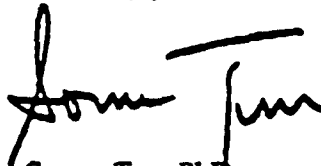
The Cambodian Buddhist Temple encourages elderly immigrants to apply for citizenship and will conduct a citizenship class. The idea of applying for citizenship is scary to them because they cannot communicate in English and they do not expect to pass the citizenship test.

Some immigrants are so old or so sick that they cannot go to apply for citizenship or go to citizenship class.

As a leader of the Cambodian community in Maryland, I beg the State of Maryland to go easy on cutting cash assistance from elderly immigrants. The Cambodian Buddhist Society, inc., will help legal immigrants within their limited resources. If you need additional information, please contact me at the Cambodian Buddhist Society, Inc.

Thank you for your time.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Sovan Tun', with a horizontal line above the name.

Sovan Tun, PhD  
Vice President





**JEWISH SOCIAL SERVICE AGENCY**  
of Metropolitan Washington

January 10, 1996



Stephen H. Eisen  
*President*

Paul S. Berger, Chair  
Governor's Task Force on Loss of SSI Benefits  
for Legal Immigrants  
c/o Maryland Office of New Americans  
311 West Saratoga Street  
Baltimore, MD 21201

Joan G. de Pontet, LCSW  
*Executive Director*

Dear Mr. Berger:

George M. Pikser, MSW  
*Executive Director Emeritus*

I am a Social Worker at the Jewish Social Service Agency of Metropolitan Washington and work with several legal immigrants in our Family and Aging Department. The people our agency sees in the Family and Aging Department often come to us because they are vulnerable and have little to no other resources. The clients, in particular, that this letter refers to are those elderly clients who are legal immigrants in frail health who rely on federal and public benefits to live.

**MAIN OFFICE**  
6123 Montrose Road  
Rockville, MD 20852  
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**DISTRICT OF COLUMBIA**  
Jewish International Headquarters  
1640 Rhode Island Avenue, N.W.  
Suite 534  
Washington, D.C. 20036  
TEL: (202) 462-1644  
FAX: (202) 785-5991  
TTY: (202) 331-9567

Most of the legal immigrants we see in this category are Soviet Jewish emigres who we have resettled and many of whom have been here over five years. They are almost all over 75 years old and, for reasons of age, cognitive decline, and/or infirmity are usually unable to learn the required English to become citizens and thereby keep their benefits. This is not due to lack of motivation or desire, but rather to the insurmountable impediments to learning a completely new language at an advanced age. They also are not likely to qualify for a medical waiver of the citizenship exam due to the stringent requirements set forth by the Immigration and Naturalization Service.

**NORTH HAVEN VIRGINIA**  
7345 McWhorter Place  
Annandale, VA 22003  
TEL: (703) 750-5400  
FAX: (703) 750-2328

**UTTER MONTGOMERY COUNTY**  
22 Montgomery Village Ave.  
Gaithersburg, MD 20879  
TEL: (301) 990-4880  
FAX: (301) 990-0257  
TTY: (301) 990-7215

An example would be an elderly couple who came to the United States in early 1992 with their daughter and young grandson. Most of their family was lost during the Holocaust. Both of them are in their mid-eighties. Their daughter has been working but her income is insufficient to support them and they still rely on the SSI they receive. Their Medicaid benefits are crucial as they both have serious health problems requiring ongoing treatment, medication, and frequent doctor visits. The wife has angina, cataracts resulting in very poor vision, memory problems and confusion. The husband has emphysema, thyroid problems, hearing loss, and dementia. The daughter is able to continue working with the help of the aide that cares for her parents that is funded by Medicaid. They rely heavily on SSI, foodstamps, and Medicaid to allow them to continue to meet their medical and care needs. This couple is cognitively unable to learn



Paul S. Berger

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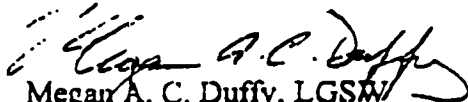
January 10, 1997

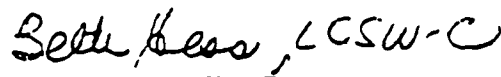
English, and also have the added learning impairments of poor vision and hearing. Without their current income they would be unable to pay their bills and would probably have their utilities cut off and eventually be evicted. Without Medicaid they would be unable to obtain any health care. With the loss of the Medicaid aide the daughter would need to stay with her parents and would probably lose her job, further compounding their plight. Losing their benefits would have a grave impact on this family.

I urge you to consider the plight of such individuals. I hope legislators can understand the monumental task of meeting the multi-generational needs of these families. The elderly in these families, rather than being deserted in their native country, have been brought here to be with their families. They are unable to find an alternative income to support themselves since they can no longer work nor do they have a history of working in this country to qualify them for Social Security. Their families, though hard-working, simply may not be able to generate the fiscal success in five years necessary to become self-sufficient and support an aging parent or grandparent.

These aging individuals face the issues all our aging population faces: physical and cognitive decline which results in the need for increased care and support. Our aging immigrant clients need SSI, Medicaid, and foodstamps which are the only resources available to them. I appeal to Governor Glendening and your Task Force to do everything possible to ensure continuation of benefits to this vulnerable population.

Sincerely,

  
Megan A. C. Duffy, LGSW  
Family and Aging Services

  
Beth Hess, LCSW-C  
Supervisor  
Family and Aging Services

# **Appendix C**

Citizenship Program

## CITIZENSHIP PROGRAM

### GOAL

The goal of the program is to expand current efforts to assist legal immigrants in Maryland to become U.S. citizens. This proposal will address the partnership between non-profit agencies and organizations serving the immigrant population in Maryland, and the State of Maryland.

### PURPOSE

The purpose of the campaign is to encourage and assist eligible immigrants to become U.S. citizens so they may fully enjoy the privileges, benefits and obligations of citizenship in the United States of America.

### TARGET POPULATION

Individuals receiving SSI will be targeted for assistance. In Maryland, there are an estimated 9,000 immigrants receiving SSI benefits, the vast majority of whom are elderly or disabled. Priority will be given to cases which are scheduled for review of their SSI eligibility. Although efforts will be geared to this group, other legal immigrants, especially other poor elderly immigrants, will also benefit from this program.

### OUTREACH

Outreach will be conducted in two concurrent phases. Phase one will be general in focus. The outreach campaign will utilize public and private resources to encourage citizenship through statewide and local publicity efforts; provide information through various media regarding the naturalization process; and collect and disseminate information on available citizenship assistance resources. Ethnic communities will be targeted. Churches, clubs, community organizations, etc. which are likely to include disabled and elderly persons will be specifically targeted.

Phase two activities will specifically focus on SSI recipients. The state will conduct a multilingual direct mailing to all SSI recipients explaining the risks of losing benefits. The mailing will include information regarding the benefits of citizenship, the process, resources available, and how to access those resources. To the extent possible, information will be shared with the provider agencies and/or

state agencies to follow up on the mailing. At the same time, provider agencies will visit homes and residential facilities where SSI recipients are known to live. Volunteers from grass roots organizations, religious communities, non-profits, etc. will be trained to make a general assessment of the potential client's needs, client eligibility for waivers, and the degree to which specialized (non-legal) services will be needed.

## **NATURALIZATION SERVICES**

### *English Language Training/Civics Classes*

These classes will teach the skills necessary to pass the INS test. Customized classes will be established to reach the homebound population. Where possible, group classes will be set up where a number of SSI recipients live (nursing homes, apartments for the elderly, etc.). Others will be transported to these sites as appropriate. Volunteers will be recruited and trained to assist the teacher and to supplement the classroom learning experience with one-on-one sessions.

A similar approach will be feasible for the civics portion of the naturalization test. Where possible and appropriate, civics and history classes will be offered in conjunction with the English language training classes.

### *Processing Applications for Citizenship*

Trained, qualified and approved immigration attorneys will review and approve applications for submittal to the INS when necessary. Group processing will be utilized where necessary, but individualized attention will also be needed. The necessity of "home visits" or traveling off-site will also put a burden on the service provider staff.

When the outreach worker/volunteer has determined that a person is unable to travel to a site for immigration assistance, arrangements will be made for a trained immigration counselor to visit the "home" site. Prior to the visit, the counselor will contact the person's "guardian" or caretaker to insure that the necessary documents and information are available at the time of the interview. The counselor will fill out the N-400, alert the training provider of the need for English and/or civics training, and take the necessary fingerprints and photographs (or arrange to have them taken).

### *Volunteer Recruitment, Training and Coordination*

Since volunteers will be needed in almost all aspects of this program, most of which will require a significant level

of expertise, recruitment and coordination of volunteers is a critical element in the success of this program. Agencies participating in this program will be required to demonstrate their capacity for carrying out a volunteer program, either individually or in coordination with other agencies.

### *Support Services*

Other necessary services will include transporting clients to classes, interviews, and to the INS, as well as on-sight visits by trained and qualified interpreters. In addition to training volunteers recruited through community organizations, the program will also train Disability Entitlement and Advocacy Program (DEAP) contractors, as well as personnel in departments of social services, assisted care facilities, and other mainstream agencies. Case managers, counselors, and information and assistance staff will be targeted. Training will cover how to identify naturalization candidates (including those qualifying for waivers), address difficulties unique to disabled individuals, determine eligibility, and refer to appropriate services. Trainees will be familiarized with the naturalization process, including barriers that prevent clients from naturalizing, testing waivers and exceptions, and other access issues relevant to the SSI population.

Whenever practical, special naturalization ceremonies will be sponsored locally by community organizations.

### **PROGRAM COST**

Budget available upon request.

### **PROCESS & STRUCTURE**

A process will be established which will include meetings between various agencies, organizations, and representatives of the State. Major organizations representing Maryland's newcomer communities will be recruited in assessing the problem and providing solutions. Because the needs of the target populations may differ markedly, this group should come to a consensus upon allocation of responsibility among and between cooperating organizations and the state.



### ACKNOWLEDGMENTS

The Task Force would like to express its gratitude to the many individuals, firms and agencies who assisted it in its deliberations and the preparation of this report. Without their willingness to share their time and skill, the Task Force's meetings, work and report would not have been possible.

Arnold & Porter

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Robert M. Cooper, Esq.

Office of the Attorney General

J. Joseph Curran, Jr., Esq., Attorney General

Steven Keller, Esq.

Department of Health & Mental Hygiene

Martin P. Wasserman, J.D., M.D., Secretary

Mr. John G. Folkemer

Department of Human Resources

Alvin C. Collins, Secretary

Mr. David Baker, Ms. Beth Boyd, Ms. Kay Finegan,

Ms. Rosemary Malone, Mr. Mark Pryor, Ms. Susan

Seling and Mr. Ronald Sundergill

Maryland Office of New Americans

Mr. Frank Bien, Martin Ford, Ph.D., Ms. Patsy

Holmes, Mr. Edward Lin and Mr. Asnake Yeheyis

The Honorable Shirley Nathan-Pulliam, Maryland House of  
Delegates

The Honorable David M. Valderrama, Maryland House of  
Delegates

Ms. Diana Aviv, Council of Jewish Federations

Mr. Josh Bernstein, National Immigration Law Center

Ms. Roberta Drucker, Jewish Social Services Agency

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Ms. Linda Stahr, Department of Fiscal Services

Ms. Meintjie Westerbeek, Baltimore City Community  
College

Office of the Governor

Ms. Lynn Morgan Mitchell, Mr. Brian E. Messaris,

Ms. Amy Colodonato, Mr. Scott Mack and

Mr. Hemal Vaidya

Special thanks to the Honorable Charles I.  
Ecker, County Executive of Howard County for providing  
conference space for the Task Force.